

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 11, 2014

Ms. Annmarie Brown, Administrator
7 Royce Street
7 Royce Street
Rutland, VT 05701

Dear Ms. Brown:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 12, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

DEC 10 2014

PRINTED: 11/20/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

7 ROYCE STREET

7 ROYCE STREET
RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite re-licensing survey on 11/12/14. The following regulatory deficiencies were cited as a result.	R100		
R104 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	See attached Doc marked R104 12/11/14 4/1	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

M3D011

If continuation sheet 1 of 4

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET			STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide an admission agreement that specified all the required components for 3 of 3 sampled residents (Residents # 1, 2, 3). Findings include: Per record review on 11/12/14, the admission agreements for Residents # 's 1, 2 and 3 did not include transfer and discharge or laundry requirements. This was confirmed by the Facility Administrator on 11/12/14 at 11:10 AM.	R104			
R134 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 6 of 6 applicable Residents resident were assessed within 14 days of admission (Residents #'s 1, 2, 3, 4, 5, 6).	R134	See attached R-134 Poc accepted 12/11/14 [Signature]		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2014
---	--	--	--

NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R134	Continued From page 2 Findings include: Per record review on 11/12/14, Residents 1-6 were not assessed by the facility nurse within 14 days as required. This was confirmed by the Facility Administrator on 11/12/14 at 12:00 PM.	R134		
R145 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to develop a written plan of care for 6 of 6 applicable residents (Residents 1, 2, 3, 4, 5, 6). Findings include: Per record review on 11/12/14, there was no written plan of care for Residents 1-6. This was confirmed by the Facility Administrator on 11/12/14 at 12:00 PM.	R145	See attached	
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number	R188	See attached	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0617	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2014
---	--	--	--

NAME OF PROVIDER OR SUPPLIER 7 ROYCE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ROYCE STREET RUTLAND, VT 05701
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R188	<p>Continued From page 3</p> <p>of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to include a recent photograph in the clinical record for 1 of 3 applicable residents (Resident # 2). Findings include:</p> <p>Per record review on 11/12/14 at 12:25 PM, there was no photograph of Resident # 2 in the clinical record. This was confirmed by the Facility Administrator on 11/12/14 at 12:40 PM.</p>	R188		

Community Access Program



Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

DEC 10 2014

December 3rd, 2014

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Re: Plan of Correction for 7 Royce Street

On November 12, 2014 the re-licensing survey revealed deficiencies at the Royce Street Level III Residential Care Home. The following is our plan of correction for the deficient practices identified in the survey.

- Resident Care and Home Services
 - R104 Admission
 - An agency Admission Agreement has been created that covers all areas defined in the regulations. Admission agreements will be completed with all current residents by December 19th, 2014. Moving forward all residents and/or residents' legal representatives will sign this agreement prior to admission.
 - This Admission Agreement is now part of an orientation when new residents move into the home. This form will also be added to our agency EMR system by December 19th, 2014.
 - The house administrator will ensure that this is completed prior to a new resident's admission into the home, as well as when any changes to the agreement occur.
 - R134 Assessment
 - The annual assessment provided by the licensing agency has been reviewed with the home's nursing staff. The annual assessment will be completed for the current residents by December 19th, 2014.
 - The assessment has been added to the agency EMR.
 - The nursing team will ensure this annual assessment is completed within 14 days of any new admission.
 - R 145 Written Plan of Care
 - In correlation with the annual assessments, a plan of care will be created based on the residents' needs and abilities by December 19th, 2014 for all current residents.
 - The nursing team will ensure that the plans of care will be completed in correlation with the annual assessment.
 - The Plan of Care will be added to the agency EMR by December 19th, 2014.

Community Access Program



Community Care Network
Rutland Mental Health Services
thriving community, empowered lives.

- R188 Clinical Record
 - A current picture will be added to each resident's emergency fact sheet (EFS) by December 19th, 2014.
 - In correlation with the annual ISA review a new picture will be updated in the clinical record (EFS).
 - The house administrator will ensure this is completed.

If you have any questions please contact me at 802-773-1495.

Sincerely,

Annmarie Brown
Residential Supervisor (Administrator)
7 Royce Street
Rutland, VT 05701